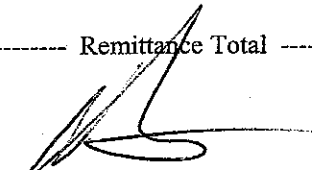


Case Number 08-30488 - MLENAR, JERREMY ALLEN

Creditor	Claim No.	Amount Allowed	Amount Paid
AUSTIN MEDICAL CENTER 1000 FIRST DR NW AUSTIN MN 55912 5215	000003	60.00	1.10
----- Remittance Total -----		60.00	1.10

  
\_\_\_\_\_  
CHARLES W. RIES, Trustee

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